

**INDIANA DIVISION OF FAMILY AND CHILDREN  
HOUSING AND COMMUNITY SERVICES SECTION\**  
**SOUP KITCHEN, SHELTER, AND OR FOOD PANTRY ASSESSMENT**  
**2004**

RA Name \_\_\_\_\_  
OUTLET NAME \_\_\_\_\_  
OUTLET ADDRESS \_\_\_\_\_  
Volunteer Name \_\_\_\_\_ Title \_\_\_\_\_  
Volunteer Name \_\_\_\_\_ Title \_\_\_\_\_  
City and Zip \_\_\_\_\_ Fiscal Year **2004**  
Reviewer \_\_\_\_\_ Date \_\_\_\_\_  
Operational Hours \_\_\_\_\_

*PLEASE PRINT ABOVE INFORMATION*

\_\_\_ Food Pantry \_\_\_ Soup Kitchen \_\_\_ Both \_\_\_ Shelter \_\_\_ Open \_\_\_ Closed

**Product Quality & Quantity: (Food Pantries - Soup  
Kitchens - Shelters)**

1. Are 50% of the items available non-USDA commodities? \_\_\_Y \_\_\_N \_\_\_  
\_\_\_ Sometimes If no, Why \_\_\_\_\_  
a. (This is a requirement. USDA food is a supplement not the core of the pantry.)
2. What are the sources of these products? \_\_\_ Donation \_\_\_ Food Bank  
\_\_\_ Purchased \_\_\_ Food Drives \_\_\_ Churches \_\_\_ Other (Explain)  
\_\_\_\_\_
3. Does this Outlet use the local Food Bank? \_\_\_ Y \_\_\_N If No, Why not  
\_\_\_\_\_
4. Where do you purchase food?  
\_\_\_\_\_  
\_\_\_\_\_
5. Do you order USDA food products from the RA? \_\_\_ Y \_\_\_ N \_\_\_ Allocated  
\_\_\_Y\_\_\_N
6. What was the date of the last shipment of USDA received at this  
outlet? \_\_\_\_\_
7. How often are other product and/or items secured for the outlet? \_\_\_  
Weekly \_\_\_ Monthly When \_\_\_\_\_
8. Is USDA product picked up by the outlet \_\_\_Y \_\_\_N or delivered by RA?  
\_\_\_Y\_\_\_N
9. Is the USDA receipt form on file? \_\_\_Y\_\_\_ N

**INDIANA DIVISION OF FAMILY AND CHILDREN  
HOUSING AND COMMUNITY SERVICES SECTION\**  
**SOUP KITCHEN, SHELTER, AND OR FOOD PANTRY ASSESSMENT**  
**2004**

- 10..Do you submit an inventory? ☐Y ☐N ☐ is it written? ☐ or by phone?
- 11..Do you notify RA with any outlet information changes? ☐Y ☐N
12. Does the food outlet have an email address available? ☐Y ☐N
- 13.Address: \_\_\_\_\_
- 14.Are Eligibility Certificates and other forms kept on file for 3 years plus current? ☐Y ☐N Check files for appropriate forms.
- 15.Do recipients always sign the Eligibility Certificate? ☐Y ☐N If no, why  
\_\_\_\_\_
- 16.Has this outlet transferred or received product from another outlet since October 1, 2004 to date? ☐Y ☐N Is the RA aware of this transaction? ☐Y ☐N Does each outlet have receipts? ☐Y ☐N  
**(QAC please review receipts for completeness and initial)**
17. Does this outlet have Food Stamp pre-applications available for recipient? ☐Y ☐N (Applications are available at all local DFC offices and outlet should encourage participation if recipient is eligible.)
- 18.Does this outlet have Hoosier RX information available? ☐Y ☐N Do you need the information? ☐Y ☐N

**Storage Facilities: (FP-SK- Shelters)**

1. Is storage capacity adequate for dry products? ☐Yes ☐No
2. Is all food, stored 6" off the floor? ☐Y ☐N
3. Is product stored 4" inches from the wall? ☐Y ☐N
4. Is product stored on shelves? ☐Y ☐N Is product store on skids? ☐Y ☐N
5. Do you follow first in/first out with all products received by outlet? ☐Y ☐N
6. How many refrigerators? \_\_\_\_\_ How many freezers? \_\_\_\_\_
7. Condition of commodities on date of review: Packages sealed ☐Y ☐N  
Damaged set aside ☐Y ☐N

**INDIANA DIVISION OF FAMILY AND CHILDREN  
HOUSING AND COMMUNITY SERVICES SECTION\**  
**SOUP KITCHEN, SHELTER, AND OR FOOD PANTRY ASSESSMENT**  
**2004**

8. Have you received instructions or training for correct storage? ☐Y ☐N If no, Why \_\_\_\_\_
9. Do you attend training provided by RA? ☐Y ☐N If no, Why \_\_\_\_\_
10. Do you follow correct storage procedures for all product types? ☐Y ☐N
11. Are the storage areas clean and dry? ☐Y ☐N
12. What are the temperatures in each area? \_\_\_\_\_° Dry \_\_\_\_\_° Cool  
\_\_\_\_\_° Freezer \_\_\_\_\_° Dry \_\_\_\_\_° Cool \_\_\_\_\_° Freezer \_\_\_\_\_° Dry  
\_\_\_\_\_° Cool \_\_\_\_\_° Freezer
13. Are temperature logs maintained? ☐Y ☐N Reviewed Log and initial ☐Y  
☐N
14. Is there any evidence of rodent droppings? ☐Y ☐N Do outlet have an inspection program for rodent free storage? ☐Y ☐N ☐ Self \_\_\_\_\_ Professional How often: ☐ monthly bi-monthly ☐ 6-months ☐ yearly ☐ as needed
15. Is there limited access to the storage areas? ☐Y ☐N If no, Why \_\_\_\_\_
16. Are all products stored on site? ☐Y ☐N If not on site, list all addresses. \_\_\_\_\_  
Has RA inspected this site? ☐Y ☐N If no, outlet must notify the RA immediately to schedule an inspection.
17. Who carries the insurance on the USDA food items? ☐Outlet ☐RA
18. Does the RA have a current Certificate of Insurance on file? ☐Y ☐N
19. Does the Outlet have a current Certificate of Insurance on file? ☐Y ☐N ☐NA

**Recipient Requirements & Statistics (Food Pantries)**

1. How often can recipients receive items from this pantry? ☐ Weekly ☐ Bi-weekly \_\_\_\_\_ times per month \_\_\_\_\_ every 30 days

**INDIANA DIVISION OF FAMILY AND CHILDREN  
HOUSING AND COMMUNITY SERVICES SECTION\  
SOUP KITCHEN, SHELTER, AND OR FOOD PANTRY ASSESSMENT  
2004**

2. Are fees or donations collected at this site? \_\_Y \_\_N
3. Are USDA food products mixed with all like pantry items? \_\_\_\_ If No, Why are they kept separate?

\_\_\_\_\_  
(USDA items are to be mixed with like products)

4. Do you ever distribute USDA products only? \_\_ Y \_\_ N
5. Is there an USDA Title VI non-discrimination poster title "...And Justice For All" displayed for viewing by recipients in the gathering area? \_\_Y \_\_N  
Is a Poster needed \_\_Y \_\_N
6. Have any Civil Rights complaints been filed against the Outlet in the last 3 years? \_\_Y \_\_N
7. Are bilingual Eligibility Certificates available if needed? \_\_Y \_\_N
8. Does this Outlet have a 501(C) (3)? \_\_Y \_\_N Is the outlet a church affiliate? \_\_Y \_\_N  
Is a copy of the 501 on file with RA? \_\_Y \_\_N
9. When did the RA last review this site? \_\_\_\_\_ (Date of Review)
10. Do you have a copy of the review? \_\_Y \_\_N
11. Was there any corrective action \_\_\_\_ Y \_\_ N
12. What was corrective action : \_\_\_\_\_

- \_\_\_\_\_  
13. Was corrective action implemented within the given time frame? \_\_\_\_Y\_\_N  
If No, Why? \_\_\_\_\_
14. Is Outlet street level? \_\_ Y \_\_ N If no, how is the disabled assisted?  
\_\_\_\_\_

15. What USDA food product(s) are not received well?

\_\_\_\_\_  
Do you offer recipes for this product and/or prepare and offer samples?  
\_\_Y\_\_N

**INDIANA DIVISION OF FAMILY AND CHILDREN  
HOUSING AND COMMUNITY SERVICES SECTION\  
SOUP KITCHEN, SHELTER, AND OR FOOD PANTRY ASSESSMENT  
2004**

(Explain to the outlet that the county extension educators are available in each county and will assist with recipes for all the products. USDA foods can be used for training purposes.)

16. Does this Outlet have a TEFAP Procedures Manual available for reference and is available to all volunteers? ☐ Y ☐ N Are copies of policy changes also available to volunteers? ☐ Y ☐ N
17. Do you have a copy of current Memorandum of Agreement with the RA on site? ☐ Y ☐ N Date \_\_\_\_\_
18. Are current Eligibility Requirements (income) posted for recipients to see and read? ☐ Y ☐ N
19. Are operating hours physically posted outside the building for recipients to see from the street or sidewalk? ☐ Y ☐ N Do you post this information in other locations in your service area? ☐ Y ☐ N (grocery stores, laundromats, Sr. Centers, day care centers, local DFC office) What are the Outlet's scheduled hours of operation? \_\_\_\_\_ (Transfer to top of Review)  
Does site need a laminated sign to post? ☐ Y ☐ N
20. Is this outlet a Recipient Choice Pantry? ☐ Y ☐ N If No, why not? \_\_\_\_\_  
What type do you have?  
☐ Shop ☐ List ☐ Other Explain other \_\_\_\_\_  
\_\_\_\_\_
21. What method is used for number of items offered based on the household size?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
22. Does the above method increase or decrease based on the inventory?  
☐ Y ☐ N if no why not \_\_\_\_\_
23. Is the outlet clean? ☐ Y ☐ N
- 24 What are your average monthly counts? Households \_\_\_\_\_  
(Please complete)

**INDIANA DIVISION OF FAMILY AND CHILDREN  
HOUSING AND COMMUNITY SERVICES SECTION\  
SOUP KITCHEN, SHELTER, AND OR FOOD PANTRY ASSESSMENT  
2004**

25. Do you require referrals? ☐ Y ☐ N If yes, from what agencies? \_\_\_\_\_

\_\_\_\_\_

\* Referrals are neither allowed nor social security numbers in order to obtain a food allocation. This method is not allowed as recipients are only required to sign the eligibility certificate in order to receive food from any TEFAP pantry. If the recipient is applying for any other service offered by the pantry, they can ask for other recipient information.

26. Do all recipients participate in other services of this facility? ☐ Y ☐ N  
☐ Some ☐ N/A

27. Does this outlet have a specified service area? ☐ Y ☐ N If yes, do the volunteers serve the recipient and then refer them to a site closer to their residence? ☐ Y ☐ N If no, why not? \_\_\_\_\_

28. Does the outlet require recipients provide social security numbers ☐ Y  
☐ N

29. Do recipients sign an Eligibility Certificate each time that they receive items from the pantry? ☐ Y ☐ N (Recipients may or may not choose USDA product each visit, however they still must sign Certificate due to product being in manufacturing label, but will not know prior to their selection of items).

30. Are the most recent income guidelines used? ☐ Y ☐ N (1 in HH \$1,280) (New Guidelines go in effect April 1 of each year. Please tell outlet to discard old guidelines forms when new arrive.)

31. Do you use the Proxy Statement? ☐ Y ☐ N If No, Does this site provide home delivery? ☐ Y ☐ N

**Soup Kitchens & Shelters:**

1. When was the last inspection by the Board of Health? \_\_\_\_\_(Date)

2. Is the Board of Health Certificate available for viewing? ☐ Y ☐ N  
(Must be posted in kitchen area)

3. Is the Kitchen, serving and dining area clean? ☐ Y ☐ N

4. Are aisles clear and recipients able to walk between aisles carrying food trays? ☐ Y ☐ N

**INDIANA DIVISION OF FAMILY AND CHILDREN  
HOUSING AND COMMUNITY SERVICES SECTION\**  
**SOUP KITCHEN, SHELTER, AND OR FOOD PANTRY ASSESSMENT**  
**2004**

5. What are your average monthly counts? \_\_\_\_ Meals How do you get your count? \_\_\_\_ Head \_\_\_\_ Plate \_\_\_\_ Other (\_\_\_\_)  
(Please complete)
6. How often do you serve meals? \_\_M\_\_T\_\_W\_\_T\_\_F  
\_\_\_\_ Breakfast \_\_\_\_ Lunch \_\_\_\_ Dinner  
Are meals served to only recipients in shelter? \_\_Y\_\_N \_\_Open to community
7. Is meal times posted outside of the building, so recipients know when meals are served? \_\_Y\_\_N If no, Why? \_\_\_\_\_  
(This can be a church, laundromats, the local DFC offices, or other social service agencies, etc)
8. Is there a USDA Title VI non-discrimination poster title "...And Justice For All" displayed in the recipients view? \_\_Y\_\_N Is a Poster needed? \_\_Y\_\_N
9. Do you have a 501(C) (3) \_\_Y\_\_N Is the 501(C) (3) on file with the RA \_\_Y\_\_N Church Affiliate? \_\_Y\_\_N Are Church forms on file with the RA \_\_Y\_\_N
10. When did the RA last review this site? \_\_\_\_\_(Date of Review)
11. What were the finding(s)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Do you have a copy of the review? \_\_Y\_\_N
13. Was there any corrective action? \_\_Y\_\_N If yes, was the corrective action implemented within the given time frame? \_\_Y\_\_N If No, Why not  
\_\_\_\_\_
14. Does this outlet submit an order of food to the RA? \_\_Y\_\_N
15. Is the TEFAP Procedures Manual available at the outlet? \_\_Y\_\_N Have you received copies of any policy changes? \_\_Y\_\_N  
(Manual should be kept at the site)
16. Do you have a copy of the Memorandum of Agreement (MoA) with the RA? on site? \_\_Y\_\_N Date of MoA \_\_\_\_\_  
(Copy of MoA should be kept at site)

**Reviewers Concerns:**

**INDIANA DIVISION OF FAMILY AND CHILDREN  
HOUSING AND COMMUNITY SERVICES SECTION\  
SOUP KITCHEN, SHELTER, AND OR FOOD PANTRY ASSESSMENT  
2004**

1. Is Outlet operating according to the Standards of TEFAP as set forth by USDA and/or State of Indiana? Yes\_\_\_\_ No\_\_\_\_ If No, Why not? \_\_\_\_\_  
\_\_\_\_\_
2. Does the RA need to do training with outlet? \_\_Yes\_\_No
3. Does Outlet need supplies? If so, what \_\_\_\_\_

**COMMENTS (By QA or Outlet)**

---

---

---

---

**SUMMARY OF REVIEW BY QA**

---

---

---

---

---

---

---

---

---

---

**INDIANA DIVISION OF FAMILY AND CHILDREN  
HOUSING AND COMMUNITY SERVICES SECTION\  
SOUP KITCHEN, SHELTER, AND OR FOOD PANTRY ASSESSMENT  
2004**

Please complete) **PHYSICAL PRODUCT INVENTORY**

	PRODUCT	CASES		PRODUCT	CASES
1			26		
2			27		
3			28		
4			29		
5			30		
6			31		
7			32		
8			33		
9			34		
10			35		
11			36		
12			37		
13			38		
14			39		
15			40		
16			41		
17			42		
18			43		
19			44		
20			45		
21			46		
22			47		
23			48		
24			49		
25			50		

MMcGraw - - Revised 4/30/04